Please type a plus sign (+) inside this box		PTO/SB/01 (6-95) for use through 9/30/98. OMB 0651-0032 Office: U.S. DEPARTMENT OF COMMERCE
0010/PTO U.S. Department of Commerce Rev. 6/95 Patent and Trademark Office	Attorney Docket Number	411044.90030
	First Named Inventor	Therese Ouellet
DECLARATION FOR	CON	MPLETE IF KNOWN
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PATENT APPLICATION	Filing Date	
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As a below named inventor My residence, post office I believe that I am the originames are listed below) of	address and o	itizenship are as sole inventor (if e	only one	name is listed b	elow) or an original,	first and joint inventor (if plural the invention entitled:
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Is attached hereto OR Was filed on (MM/DD/YYYY) Application Number I hereby state that I have review reterred to above. I acknowledge the duty to disclo	ed and understar	nd the contents of th	ne above i	dentified specification	on, inc	cluding the claims, a	
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Additional inventors are being named on supplemental sheet(s) attached hereto

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